

New York City Transit Authority  
Law Department  
130 Livingston Street  
Brooklyn, New York 11201

NOTICE TO APPEAR FOR  
ORAL EXAMINATION

February 19, 2014

PURISIMA, ANTON  
390 9TH AVENUE  
NEW YORK

NY 10001

Claim No.: BU 20131009 0035 001

By virtue of the power conferred on the New York City Transit Authority by Sec. 1200 et seq, as amended, of the Public Authorities Law, you are hereby required to appear and be sworn at the Office of the Authority, Room 11127, 130 Livingston Street, Brooklyn New York on March 14, 2014 at 11:00 A.M. and testify as to all facts relative to the above claim presented by you to the Authority.

Martin B. Schnabel  
Vice President and General Counsel  
By: Wallace D. Gossett  
Executive Assistant General Counsel

In order to obtain a prompt disposition of your claim, please bring with you a copy of your doctor's certificate including the date of your last treatment and amount of his bill; X-rays, and X-ray reports; authorization for hospital records; a statement from employer as to salary, and as to lost time and earnings, if any. Also, you must bring proper photo ID and any and all other proof regarding your claim for special damages.

IF AN INTERPRETER IS NECESSARY, THIS OFFICE MUST BE NOTIFIED AT LEAST THREE DAYS PRIOR TO HEARING DATE SCHEDULED ABOVE. Please be advised that failure of your client to appear for this appointment will result in your office being billed for any no-show fees incurred. Any such fee(s) will be deducted from any future settlements paid to dispose of this matter.

Application for adjournment should be made at least one day prior to the date set for the examination. No adjournment may be had except on written stipulation and in the form given below:

For information pertaining to adjournment or interpreter,  
Call 718-694-4646

Claim No.: BU 20131009 0035 001  
PURISIMA, ANTON

Form of Adjournment

Prepare in duplicate.  
Copy will be returned to you.

It is hereby stipulated that the examination of claimant be adjourned from

The Day of , at O'clock M to the  
Day of , at O'clock M

With the distinct understanding that such adjournment is without prejudice to the right of the New York City Transit Authority to settle or adjust the claim within the same period of the time after such examination is held as the Authority had at the date fixed originally for such examination, and that no suit may be brought until after the expiration of such period of time.

Dated:

\_\_\_\_\_  
Attorney for Claimant

\_\_\_\_\_  
New York City Transit Authority

By: \_\_\_\_\_

Exhibit "Two"

# EXHIBIT "THREE"

11<sup>th</sup> March 18, 2014, letter

AC

\* Plaintiff incorporates herein

ANTON PURISIMA  
390 9TH AVENUE,  
NEW YORK, NEW YORK 10001.

MARCH 10, 2014

INVESTIGATION BUREAU;  
LAW DEPARTMENT, 10TH FLOOR,  
130 LIVINGSTON STREET,  
BROOKLYN, NEW YORK 11201

RECEIVED  
NEW YORK  
2014 MAR 10 PM 3:16

CENTRAL IDENTIFICATION FACILITY  
BUR. OF INVESTIGATION SYSTEM

7012 1120 0001 9727 7929  
MAILED: MAR. - 11-14

RE: ANTON PURISIMA

BU-2013-10-09-0035-001

[APPEARANCES; DAMAGES; THOROUGH INVESTIGATION  
MEDICAL RECORDS; REQUEST FOR POSTPONEMENT;  
CONSPIRACY; COVER-UP OF INCIDENT; ETC.]

Dear INVESTIGATION BUREAU and TO WHOM IT MAY CONCERN:  
THIS LETTER IS RESPONSE TO NOTICE OF APPEARANCE (A LOST  
THE ALLEGED LETTER), and if there is appearance  
Requested in this case, please take notice of the following:

1. Please take notice that if there is APPEARANCE  
NEEDED IN THIS CASE, IT IS TOO SOON TO APPEAR AS THE  
DOCUMENTS IN THIS CASE ARE NOT COMPLETE AT THIS  
TIME and some Agencies are still conducting their  
investigation and on issue regarding the alleged incident  
therefore, it is too soon;

2. THE ALLEGED DAMAGES as well it still  
not computed yet therefore NOT COMPLETE. Please take  
notice, my Rights (are "PRICELESS") CANNOT BE  
REPAIRED BY MONEY, therefore, PRICELESS;

3. YOUR AGENCY MUST THOROUGHLY INVESTIGATE

=PAGE ONE OF 3=

ex. "Three"

THE ALLEGED INCIDENT, and SUBPOENA THE SURVEILLANCE CAMERA AT ROOSEVELT AVENUE CORNER 61<sup>ST</sup> STREET STATION (BUS STOP) IN ORDER TO IDENTIFY THE OWNER OF THE ALLEGED DOG THAT YOU ALLOWED INSIDE YOUR MTA Q 32 BUS, THAT BIT MY MIDDLE RIGHT FINGER INSIDE YOUR MTA NEW YORK BUS. YOUR OFFICE MUST CONDUCT THIS INVESTIGATION IMMEDIATELY as there are EVIDENCE IN THIS CASE. Additionally, the owner of the alleged dog refused to provide the information about the alleged dog as well as she was protected by another Latino-looking-male (HE WAS HOLDING ME, and GOING-in-between her and me) as well as both of these individuals EXITED THE MTA Q 32 BUS AT ROOSEVELT AVENUE and 61<sup>ST</sup> STREET BUS STOP. IN FRONT OF RESTAURANT (METRO KITCHEN), THERE IS SURVEILLANCE CAMERA AT THAT PLACE POINTING TOWARDS (THE "BUS STOP"), Please SUBPOENA THESE SURVEILLANCE CAMERA RECORDS, as there are evidence in this incident as well as my evidence;

4. my medical records regarding this incident are still incomplete therefore, it is too soon to produce to your office;

5. Please take notice, I am requesting postponement (to "any") appearances at this time due to incomplete records as well as still in investigation process, and YOUR OFFICE must also conduct and complete the investigation of the alleged incident;

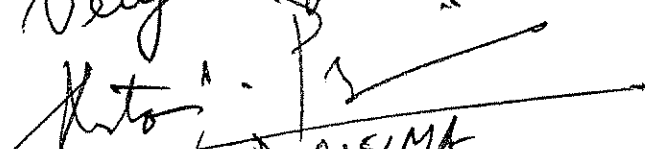
6. It is therefore necessary that your office must thoroughly investigate this DOG BITE INCIDENT as well as these individuals involved therein;

7. Please stop this time consuming correspondence that compelled me to response;

8. I am therefore waiting for immediate result of your delayed investigation of the above incident.

9. If for any reason you have question or any concern to any of the above, please respond through and by E-MAIL AT: ACPURISIMA@HOTMAIL.COM

Very truly yours,

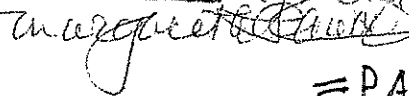
  
ANTON PURISIMA,

CLAIMANT  
390 9TH AVE., New York, NY 10001.  
E-MAIL: ACPURISIMA@HOTMAIL.COM

State of New York  
County of New York

Sworn to before me this  
10th day of March 2014

MARGARET A. SCHWARTZ  
Notary Public, State of New York  
Reg. No. 04596152068  
Qualified in New York County  
Commission Expires Aug. 23, 2014



## EXHIBIT "FOUR"

\* P. I. Claim form  
Filed: Jan. 8, 2014

ALP

Plaintiff ~~to~~ incorporates herein and  
to support thereof.

\* Returned, but incomplete,  
NO EXHIBITS (missing)  
when returned. ALP



Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-M

New York City Comptroller  
Scott M. Stringer

## Personal Injury Claim Form

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 year and 90 days of the occurrence, you must file a lawsuit to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

PURISIMA

First Name:

ANTON

Relationship to the claimant:

CLAIMANT

### Claimant Information

\*Last Name:

PURISIMA

\*First Name:

ANTON

Address:

390 9TH AVENUE

Address 2:

City:

NEW YORK

State:

NEW YORK

Zip Code:

10001

Country:

NEW YORK, U.S.A.

Date of Birth:

12/15/1951

Format: MM/DD/YYYY

Soc. Sec. #

570-75-6674

HICN.

(Medicare #)

N/A

Date of Death:

NOT APPLICABLE

Format: MM/DD/YYYY

Phone:

NONE

Email Address:

ACPURISIMA@HOTMAIL.COM

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender

☒ Male ☐ Female ☐ Other☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

ATTACHED HERE WITH  
EXHIBITS "ONE," "TWO,"  
"THREE," and "FOUR!"

NOTE: There are  
Additional Exhibit  
that will be  
provided as soon  
as possible in  
addition to the  
Attached herewith

RECEIVED BY  
CERTIFIED MAIL

\* Denotes required field(s).



New York City Comptroller  
Scott M. Stringer

MTA NYC TRANSIT  
LAW DEPARTMENT

The time and place where the claim arose

2014 JAN 13 PM 12:06

\*Date of Incident:

10/09/2013

Format: MM/DD/YYYY

Time of Incident:

@ 16:05

Format: HH:MM AM/PM

\*Location of Incident:

Q32 N/E, BUS # 6903  
MTA, NEW YORK CITY  
TRANSIT,  
STOPPED @ 61 ST. / ROOSEVELT  
(INSIDE MTA BUS # 6903)  
QUEENS, NEW YORK

RECEIVED  
CLAIMS PROCESSING

Address:

Address 2:

City:

State:

Borough:

\*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

PLEASE SEE ATTACHED EXHIBITS TO INCORPORATE HEREIN AND TO SUPPORT EVERY STATEMENT MADE BY THE CLAIMANT ANTON PURISIMA.  
I WAS ON MTA Q32 BUS # 6903 GOING NORTHEAST FROM MANHATTAN TO QUEENS, NEW YORK ON OCTOBER 09 2013 ON OR ABOUT BEFORE THAT TIME, THE PUPPY DOG ON THE BUS OWNED BY LATINA PASSENGER ON THE BUS WHICH THE HEAD OF THE DOG WAS STICKING - OUT FROM HER BAG THAT SHE WAS CARRYING ON HER LAP BITE MY MIDDLE FINGER OF MY RIGHT HAND WHILE I WAS WALKING ON THE AISLE TO GET - OFF THE NEXT STOP (BUS STOP). MY FINGER WAS BLEEDING FROM THE DOG. THE BUS OPERATOR WAS INFORMED AND CALLED THE POLICE. PARAMEDICS CAME AND THE MTA SUPERVISOR & PROBABLY THE MTA POLICE CAME ALSO. THE DOG - BITE - WOUND WAS SEEN TO THE PARAMEDICS OPERATOR, MTA SUPERVISOR. I SIGNED THE RELEASE THAT I WILL GO TO HOSPITAL.  
PLS. SEE: ATTACHED PAGE MARKED AS PAGE TWO - A

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

UNKNOWN AT THIS BUT WILL PROVIDE IN THE FUTURE, AS SOON AS POSSIBLE SEE ATTACHED EXHIBITS AS REFERRED HEREIN.

RECEIVED BY  
CERTIFIED MAIL





New York City Comptroller  
Scott M. Stringer

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

### Medical Information

1st Treatment Date: 10/09/2013 Format: MM/DD/YYYY  
Hospital/Name: ST. LUKES  
Address: 1111 AMSTERDAM AVE.  
Address 2: NY, NY 10025  
City: (SEE ATTACHED EXHIBITS)  
State: AS REFERENCE  
Zip Code: 10/09/2013 Format: MM/DD/YYYY  
Date Treated in  
Emergency Room: 10/09/2013 Format: MM/DD/YYYY  
Was claimant taken to hospital by an ambulance? ☐ Yes ☒ No ☐ NA

ACP

### Employment Information (If claiming lost wages)

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Work Days Lost: \_\_\_\_\_  
Amount Earned  
Weekly: \_\_\_\_\_

### Treating Physician Information

Last Name: CHRISTOPHER REVERTE, MD  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

10/09/2013, 21:4



New York City Comptroller  
Scott M. Stringer

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

**Witness 1 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

See attached  
exhibits to  
incorporate in  
this page and  
to support thereof.

**Witness 2 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Same

**Witness 3 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Same

**Witness 4 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Same

**Witness 5 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Same

**Witness 6 Information**

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Same

ACP



New York City Comptroller  
Scott M. Stringer

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

RECEIVED BY  
CERTIFIED MAIL

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Non-City vehicle driver

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Insurance Information

Insurance Company  
Name:

Address

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

Non-City vehicle information

Make, Model, Year  
of Vehicle:

Plate #:

VIN #:

City vehicle information

Plate #:

City Driver Last  
Name:

City Driver First  
Name:

Description of  
claimant:

☐ Driver

☐ Passenger

☐ Pedestrian

☐ Bicyclist

☐ Motorcyclist

☒ Other

PASSENGER OF MTA Q32 BUS #6903

\*Total Amount  
Claimed:

PRICELESS DAMAGES

Format: Do not include "\$" or ",".

Date

JANUARY 08, 2013

Signature of Claimant

ANTON PURISIMA  
CLAIMANT

State of New York  
County of NY

I, ANTON PURISIMA, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Sworn before me this day JAN 08 2014

Signature of  
Claimant

Signature of Notary

\* Denotes required field(s).

## EXHIBIT "FIVE"

- \* Feb. 09, 2014, Plaintiff's letter
- \* to incorporate herein as well as  
to support thereof.

LEG

ANTON PURISIMA  
390 9TH. AVENUE,  
NEW YORK, NEW YORK 10001

FEBRUARY 09, 2014

INVESTIGATION BUREAU  
NEW YORK CITY TRANSIT AUTHORITY  
130 LIVINGSTON STREET 10TH. FLOOR  
BROOKLYN, NEW YORK 11201

RE: ANTON PURISIMA

BU-2013-10-09-0035-001

[RESPONSIBLE PARTIES; DEFENDANTS  
("CAPTION") ON THE "NOTICE OF CLAIM"]

Dear INVESTIGATION BUREAU and TO WHOM IT MAY CONCERN  
Please take notice that this is a response to  
JANUARY 17, 2014 letter (Certified mail # 7011150 0002 4073  
1791), received on FEBRUARY 05, 2014.

ATTACHED HEREWITH A COPY OF "RETURN RECEIPT" OF THE  
ABOVE CERTIFIED MAIL WITH DATE AND SIGNATURE, FOR YOU  
TO REVIEW.

PURSUANT TO SECTION 1212 OF THE PUBLIC AUTHORITIES  
LAW and SECTION 50-R OF THE GENERAL MUNICIPAL LAW  
AS ALLEGED IN YOUR LETTER AS WELL AS THE ALLEGED  
("CAPTION") ON THE NOTICE OF CLAIM IS THE FOLLOWING THAT  
MUST BE INCORPORATED IN THE "NOTICE OF CLAIM" DATED:  
JANUARY 08, 2014, AS IN ADDITION TO ALREADY ALLEGED THERE

ANTON PURISIMA

CLAIMANT/PLAINTIFF

VS.

NEW YORK CITY TRANSIT AUTHORITY and or ("MaBSTOA")  
CITY OF NEW YORK ("CITY"); NEW YORK CITY ("MTA");

=PAGE ONE OF TWO=

Ex. 411

"LATINA" DOG OWNER ("OWNER OF THE DOG");  
 (THE INSTIGATORS"); DOES 1—100,  
 DEFENDANTS/RESPONSIBLE PARTIES.

CLAIMANT ANTON PURISIMA INCORPORATES THE ABOVE  
 CAPTION TO (HIS "NOTICE OF CLAIM") DATED:  
 JANUARY 08, 2014, at alleged and pursuant to  
 SECTION 1212 and SECTION 50-2 OF THE NYC STATUTES.

ATTACHED ARE THE FOLLOWING:

1. COPY OF "RETURN RECEIPT" OF  
 CERTIFIED MAIL # 7011 1150 0002 4073 1791,  
 WITH DATE and SIGNATURE;

2. COPY OF "JANUARY 17, 2014 LETTER,"  
 WITH "NOTE," @ UPPER RIGHT CORNER.

IN VIEW OF THE FOREGOING, AND IF FOR ANY  
 REASON / QUESTIONS OR CONCERNS, PLEASE EMAIL @  
 ACPURISIMA@HOTMAIL.COM

State of New York  
 County of New York

Sworn to before me this  
 10<sup>th</sup> day of Feb. 2014

Jasmine J. Vaden  
 JASMINE J. VADEN  
 Notary Public, State of New York  
 Reg. No. 01VA6132291  
 Qualified in New York County  
 Commission Expires Aug. 18, 2017

Very truly yours,

ANTON PURISIMA,  
 CLAIMANT  
 390 9TH AVENUE,  
 NEW YORK, NEW YORK 10001.  
 E-MAIL: ACPURISIMA@HOTMAIL.COM



New York City  
Transit  
Authority

130 Livingston Street  
Law Department, 10th Floor  
Brooklyn, New York 11201

Received: Feb. 05, 2014  
By: ANTON PURISIMA  
*Anton Purisima*  
claimant

January 17, 2014

RE: ANTON PURISIMA  
BU-2013-10-09-0035-001

ANTON PURISIMA  
390 9TH AVENUE  
NEW YORK, NY 10001

Dear Sir/Madam:

Pursuant to section 1212 of the Public Authorities Law and Section 50-e of the General Municipal Law the attached Notice of Claim is being returned for the reason(s) stated below:

- o New York City Transit Authority or MaBSTOA is not stated in the caption on the Notice Of Claim.

A Notice of Claim filed against the New York City Transit Authority MUST BE SERVED WITHIN 90 DAYS AFTER THE INCIDENT, be notarized and in writing.

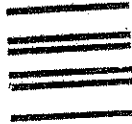
Failure to file a claim in accordance with applicable statutes will result in its automatic disallowance. You may file again within 10 days after receiving this correspondence if you have complied with the 90 day service requirement.

Very truly yours,

*E. Maria Linder*

Investigation Bureau, (718) 694-3997

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

NEW YORK CITY TRANSIT  
AUTHORITY  
LAW DEPT. CLAIMS PROCESSING  
130 LIVINGSTON STREET - RM 10037E  
BROOKLYN, N.Y. 11201-5190

BU 2013-10-09-0035-001 (REL)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>           ANTON PARISIMA.            390 9TH AVENUE            NEW YORK, NY            10001 </p>		<p>A. Signature</p> <p><i>X Anton Parisima</i> 2/05/14</p> <p>B. Received by (Printed Name)</p> <p>ANTON PARISIMA</p> <p>C. Date of Delivery</p> <p>2/05/14</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p> <p>7011 1150 0002 4073 1791</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

702595-02-M-1540

# EXHIBIT "SIX"

\* Philadelphia Fire Dept. - EMS  
10/17/2013

\* Plaintiff incorporates herein  
and to support thereof.

ACP

PAYMENT MAILED: 12/10/2013

Anton Purisma  
390 9th Ave  
Ny City NY 10001

Philadelphia Fire Department- EMS  
Phone: 888-987-1135

## Emergency Medical Services Bill

Statement Date: 11/16/2013

Date of Service: 10/17/2013

Account Number: 17437124

Incident No. 132900145

This invoice is the result of a response for ambulance services on 10/17/2013. If you have insurance, please complete and sign the back of this form, and return to us. Please make sure your name is exactly as it appears on your insurance card. To pay online or update your insurance information, go to [www.intermedix.com/billpay](http://www.intermedix.com/billpay). We will file a claim on your behalf. If you do not have insurance, this payment is your responsibility. Please see options below to submit payment. For information or assistance on this account, please call 888-987-1135.

### Statement of Account

Emergency Medical Services

\$970.00

Amount Due: \$970.00

**\*\*DETACH LOWER PORTIONS AND RETURN STUB WITH YOUR PAYMENT, THANK YOU\*\***

Philadelphia Fire Department  
1105 SCHROCK RD SUITE 610  
Columbus OH 43229



IF PAYING BY CREDIT CARD, FILL OUT BELOW			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
CARD NUMBER		EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	
INCIDENT NO	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO
132900145	11/16/2013	\$970.00	17437124

Make checks payable to: Philadelphia Fire Department- EMS

To pay online, go to [www.intermedix.com/billpay](http://www.intermedix.com/billpay)

07/12/10 09:30 3 000033 20131117 00054101 ZIR-LTD 1 of DOM 0005410000 159503 LD



ANTON PURISMA  
390 9TH AVE  
NEW YORK NY 10001-9901



Philadelphia Fire Department- EMS  
Lockbox 9437  
PO Box 8500  
Philadelphia PA 19178-9437



# EXHIBIT "SEVEN"

\* This receipt shows that I paid for the coffee but I was not allowed to get my coffee by the employees at Defendant 1st Air Bonpain Two employees and one supervisor (Latina). I called the Port Authority police.

The usual coffee that I got was not hot (warm) and dirty (as something was floating on my coffee). "I put my finger in my cup of coffee, in front of supervisor and employees and threw the coffee in their trash. and I got (filled my cup with another brand (morning blend) next to French Roast (my usual coffee). They told me then, I have to pay for it, again. "I threw the second - cup in their trash in front of them," and I told them "I did not get any coffee," by showing my cup (up-side-down), in front of these Air Bonpain employees. Then, I watched them replacing their French Roast (display container), by taking it inside," while I waited for the police to arrive.

(one African-American female & one white male police came) I reported the incident and told them, "I called the police in order to be on the safe-side, I do not want that they might say, I took something w/o paying."   
 AU BON PAIN's Receipt  
 3-3-2014, 5:03 A.M.  
 @ La Guardia Airport

\* Plaintiff incorporates this document to every page in this action and to support thereof.

ACF



PAID BUT I WAS NOT ALLOWED  
TO GET A COFFEE, THE COFFEE

Au Bon Pain

STORE #000723

LaGuardia Airport

Flushing, NY 11371

Office Catering Specialists 800-765-4227

(I THREW IN TRASH IN FRONT OF 3

QUESTIONS - CONCERNS?

Call us at 1 800 TALK ABP

Visit us at our website:

<http://www.AUBONPAIN.COM>

WAS WASHED  
I THREW  
& DIRTY

EMPLOYEES  
(1 LATINA  
SUP.)

Ticket #206905

2014-03-03

5:09 AM

000723 10 113 206905

ABP Coffee Refill	1.29
FOR HERE	1.29
Tax	.11
Amount Due	\$1.40
CASH	\$2.00
Change	\$ .60

Some like it cold.

Some like it hot.

But everyone likes the price.

\$1.99 Espresso drinks. Only at ABP.

Thank you for visiting Au Bon Pain !

I CALLED P.A. POLICE @ 6:16 P.M.  
TALKED TO MALE WHITE OFFICER  
W/ FEMALE (AF. AM. OFFICER)

## EXHIBIT "EIGHT"

- \* NYC, Commission on Human Rights  
dated: march 3, 2014
- \* I<sup>II</sup> filed complaint against  
Defendant AU BOD PAIN  
on march 03, 2014
- \* Plaintiff incorporates this  
document and HRC document herein and to  
support thereof.

ACJ



COMMISSION ON HUMAN RIGHTS

40 RECTOR STREET, NEW YORK, NY 10006

Dial 311 [www.nyc.gov/cchr](http://www.nyc.gov/cchr)

PATRICIA L. GATLING

*Commissioner and Chair*

March 3, 2014

To Whom It May Concern:

This letter is to confirm that Anton Purisima visited our offices today.

Regards,

A handwritten signature in black ink, appearing to read "Laura Flyer", is written over the typed name.

Laura Flyer  
Staff Attorney  
Law Enforcement Bureau

## EXHIBIT "NINE"

\* TD Bank's  
"Statement of Account"  
for: TT Anton Prizima herein  
that shows (the "Overcharged  
charges posted by Defendant Am Bon Pain in  
Plaintiff's account as alleged by the Bank to  
Plaintiff herein.

\* Plaintiff incorporates this document in this action  
as well as to support thereof.

ALP

**Bank**

America's Most Convenient Bank®

7

STATEMENT OF ACCOUNT

ANTON C PURISIMA  
300 BLOOMFIELD ST  
HOBOKEN NJ 07030

Page: 1 of 3  
Statement Period: Dec 18 2012-Jan 17 2013  
Cust Ref #: 4268713067-622-7-###  
Primary Account #: 426-8713067

TD Simple Checking  
ANTON C PURISIMA

Account # 426-8713067

YOUR WALLET WOULD SMILE, IF IT COULD.

INTRODUCING OUR NEW TD VISA SIGNATURE REWARDS CREDIT CARDS. CHOOSE TO EARN REWARD POINTS OR CASH BACK - PLUS GET DOZENS OF VISA SIGNATURE PERKS AND DISCOUNTS. APPLY TODAY AT YOUR LOCAL TD BANK. CALL 1-888-561-0608 OR VISIT WWW.TDBANK.COM/SMILE.

**ACCOUNT SUMMARY**

Beginning Balance	Average Collected Balance	
Deposits	Annual Percentage Yield Earned	0.00%
	Days in Period	31
Electronic Payments		
Other Withdrawals		
Service Charges		
Ending Balance		

	Total for This Period	Total Prior Year
Total Overdraft Fees	\$0.00	\$20.00
Total Returned Item Fees (NSF)	\$0.00	\$0.00

**DAILY ACCOUNT ACTIVITY**

Deposits	DESCRIPTION	AMOUNT
POSTING DATE		
	DEPOSIT	
	DEPOSIT	
	Subtotal:	

Electronic Payments	DESCRIPTION	AMOUNT
POSTING DATE		
12/26	DEBIT CARD PURCHASE, *****45037774417, AUT 122612 VISA DDA PUR GREYHOUND KIOSK 0549 NEW YORK * NY	38.00
12/27	DEBIT CARD PURCHASE, *****45037774417, AUT 122712 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/7	DEBIT CARD PURCHASE, *****45037774417, AUT 010713 VISA DDA PUR PACIFIC SUPERMARKET EL ELMHURST * NY	2.22
1/14	DEBIT CARD PURCHASE, *****45037774417, AUT 011413 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/14	DEBIT POS, *****45037774417, AUT 011413 DDA PURCHASE USPS 3596280028 NEW YORK * NY	0.45
1/14	DEBIT POS, *****45037774417, AUT 011413 DDA PURCHASE USPS 3596280028 NEW YORK * NY	0.45
1/15	DEBIT POS, *****45037774417, AUT 011513 DDA PURCHASE USPS 3596570057 NEW YORK * NY	3.15

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STATEMENT OF ACCOUNT

ANTON C PURISIMA  
300 BLOOMFIELD ST  
HOBOKEN NJ 07030

Page: 1 of 4  
Statement Period: Mar 18 2013-Apr 17 2013  
Cust Ref #: 4268713067-622-7-###  
Primary Account #: 426-8713067

TD Simple Checking  
ANTON C PURISIMA

Account # 426-8713067

**REMODELING? REFINANCING? RELOCATING?**

WHETHER YOU'RE LOOKING TO MOVE, REFINANCE, CONSOLIDATE DEBT OR TACKLE A RENOVATION PROJECT, TD BANK IS YOUR HOME LENDING CENTER! WE HAVE A LOAN FOR WHATEVER'S ON YOUR TO-DO LIST. STOP BY ANY TD BANK OR CALL 1-800-822-6761 TODAY AND ASK ABOUT OUR LOW RATES ON MORTGAGES AND HOME EQUITY LINES OF CREDIT. (LOANS SUBJECT TO CREDIT APPROVAL.)

**ACCOUNT SUMMARY**

Beginning Balance	Average Collected Balance	
Deposits	Annual Percentage Yield Earned	0.00%
	Days in Period	31
Electronic Payments		
Other Withdrawals		
Service Charges		
Ending Balance		

**DAILY ACCOUNT ACTIVITY**

Deposits POSTING DATE	DESCRIPTION	AMOUNT
3/26	DEPOSIT	
3/28	DEPOSIT	
4/8	DEPOSIT	

Subtotal:

**Electronic Payments**

POSTING DATE	DESCRIPTION	AMOUNT
3/18	DEBIT CARD PURCHASE, *****45037774417, AUT 031813 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
3/20	DEBIT CARD PURCHASE, *****45037774417, AUT 032013 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
3/21	DEBIT POS, *****45037774417, AUT 032113 DDA PURCHASE MTA VENDING MACHINES 718 330 1234 * NY	2.75
3/25	DEBIT CARD PURCHASE, *****45037774417, AUT 032513 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
3/28	DEBIT POS, *****45037774417, AUT 032813 DDA PURCHASE MTA VENDING MACHINES 718 330 1234 * NY	2.25
3/29	DEBIT CARD PURCHASE, *****45037774417, AUT 032913 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	2.44
3/29	DEBIT CARD PURCHASE, *****45037774417, AUT 032913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.28
3/29	DEBIT POS, *****45037774417, AUT 032913 DDA PURCHASE CVS 02457 NEW YORK * NY	1.13
4/1	DEBIT POS, *****45037774417, AUT 040113 DDA PURCHASE BIG APPLE MEAT MARKET NEW YORK * NY	13.63

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STATEMENT OF ACCOUNT

ANTON C PURISIMA  
300 BLOOMFIELD ST  
HOBOKEN NJ 07030

Page: 1 of 4  
Statement Period: Jan 18 2013-Feb 17 2013  
Cust Ref #: 4268713067-622-7-###  
Primary Account #: 426-8713067

TD Simple Checking  
ANTON C PURISIMA

Account # 426-8713067

**ACCOUNT SUMMARY**

Beginning Balance	Average Collected Balance	
Deposits	Annual Percentage Yield Earned	0.00%
	Days in Period	31
Electronic Payments		
Service Charges		
Ending Balance		

**DAILY ACCOUNT ACTIVITY**

Deposits			
POSTING DATE	DESCRIPTION		AMOUNT
1/23	DEPOSIT		
2/11	DEPOSIT		

Subtotal:

**Electronic Payments**

POSTING DATE	DESCRIPTION	AMOUNT
1/22	DEBIT CARD PURCHASE, *****45037774417, AUT 012213 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/22	DEBIT CARD PURCHASE, *****45037774417, AUT 012213 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/22	DEBIT CARD PURCHASE, *****45037774417, AUT 012213 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/23	DEBIT CARD PURCHASE, *****45037774417, AUT 012313 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/23	DEBIT CARD PURCHASE, *****45037774417, AUT 012313 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/24	DEBIT CARD PURCHASE, *****45037774417, AUT 012413 VISA DDA PUR HOT AND CRUSTY NEW YORK * NY	3.45
1/24	DEBIT CARD PURCHASE, *****45037774417, AUT 012413 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/25	DEBIT CARD PURCHASE, *****45037774417, AUT 012513 VISA DDA PUR STAPLES 00115741 NEW YORK * NY	8.48
1/25	DEBIT CARD PURCHASE, *****45037774417, AUT 012513 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/28	DEBIT CARD PURCHASE, *****45037774417, AUT 012813 VISA DDA PUR PATHTVM 33RD STREET 800 234 7284 * NY	17.00
1/28	DEBIT CARD PURCHASE, *****45037774417, AUT 012813 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	6.51
1/28	DEBIT CARD PURCHASE, *****45037774417, AUT 012813 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	5.61

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## STATEMENT OF ACCOUNT

ANTON C PURISIMA

Page: 3 of 4  
 Statement Period: Jan 18 2013-Feb 17 2013  
 Cust Ref #: 4268713067-622-7-###  
 Primary Account #: 426-8713067

## DAILY ACCOUNT ACTIVITY

## Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
1/28	DEBIT CARD PURCHASE, *****45037774417, AUT 012813 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	3.89
1/28	DEBIT CARD PURCHASE, *****45037774417, AUT 012813 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/28	DEBIT POS, *****45037774417, AUT 012813 DDA PURCHASE CVS 02457 NEW YORK * NY	1.63
1/29	DEBIT CARD PURCHASE, *****45037774417, AUT 012913 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	4.92
1/29	DEBIT CARD PURCHASE, *****45037774417, AUT 012913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	3.79
1/29	DEBIT CARD PURCHASE, *****45037774417, AUT 012913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/29	DEBIT CARD PURCHASE, *****45037774417, AUT 012913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
1/29	DEBIT POS, *****45037774417, AUT 012913 DDA PURCHASE USPS 3596280028 NEW YORK * NY	1.12
2/1	DEBIT CARD PURCHASE, *****45037774417, AUT 020113 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	2.28
2/4	DEBIT CARD PURCHASE, *****45037774417, AUT 020413 VISA DDA PUR NEW YORK * NY	2.06
2/12	DEBIT POS, *****45037774417, AUT 021213 DDA PURCHASE USPS 3596570057 NEW YORK * NY	0.58
2/13	DEBIT CARD PURCHASE, *****45037774417, AUT 021313 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	5.46
2/14	DEBIT CARD PURCHASE, *****45037774417, AUT 021413 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	1.40
2/15	DEBIT CARD PURCHASE, *****45037774417, AUT 021513 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	1.40

Subtotal:

## Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
2/15	MAINTENANCE FEE	3.99

Subtotal:

3.99

## DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
1/17		1/29	
1/22		2/1	
1/23		2/4	
1/24		2/11	
1/25		2/12	
1/28		2/13	

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STATEMENT OF ACCOUNT

ANTON C PURISIMA

Page: 3 of 4  
 Statement Period: Feb 18 2013-Mar 17 2013  
 Cust Ref #: 4268713067-622-7-###  
 Primary Account #: 426-8713067

**DAILY ACCOUNT ACTIVITY****Electronic Payments (continued)**

POSTING DATE	DESCRIPTION	AMOUNT
2/25	DEBIT CARD PURCHASE, *****45037774417, AUT 022513 VISA DDA PUR PENN STAT AUBONPAIN 21 NEW YORK * NY	1.40 —
2/25	DEBIT POS, *****45037774417, AUT 022513 DDA PURCHASE USPS 3508780354 BROOKLYN * NY	0.58
2/28	DEBIT CARD PURCHASE, *****45037774417, AUT 022813 VISA DDA PUR GREYHOUND KIOSK 0549 NEW YORK * NY	38.00
2/28	DEBIT CARD PURCHASE, *****45037774417, AUT 022813 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38 —
2/28	DEBIT POS, *****45037774417, AUT 022813 DDA PURCHASE USPS 3303000401 ATLANTIC CITY * NJ	0.92
2/28	DEBIT POS, *****45037774417, AUT 022813 DDA PURCHASE USPS 3303000401 ATLANTIC CITY * NJ	0.58
3/1	DEBIT CARD PURCHASE, *****45037774417, AUT 030113 VISA DDA PUR THE UPS STORE 6066 ATLANTIC CITY * NJ	0.97
3/4	DEBIT POS, *****45037774417, AUT 030413 DDA PURCHASE MTA VENDING MACHINES 718 330 1234 * NY	2.25
3/5	DEBIT POS, *****45037774417, AUT 030513 DDA PURCHASE CVS 07019 NEW YORK * NY	1.13
3/6	DEBIT POS, *****45037774417, AUT 030613 DDA PURCHASE USPS 3596570057 NEW YORK * NY	0.78
3/7	DEBIT CARD PURCHASE, *****45037774417, AUT 030713 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	3.06
3/7	DEBIT CARD PURCHASE, *****45037774417, AUT 030713 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.28 —
3/8	DEBIT CARD PURCHASE, *****45037774417, AUT 030813 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	0.99
3/11	DEBIT CARD PURCHASE, *****45037774417, AUT 031113 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	2.44
3/12	DEBIT CARD PURCHASE, *****45037774417, AUT 031213 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	3.89 —
3/12	DEBIT POS,	
3/12	DEBIT POS,	
3/12	DEBIT CARD PURCHASE, *****45037774417, AUT 031213 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38 —
3/12	DEBIT POS, *****45037774417, AUT 031213 DDA PURCHASE USPS 3508780354 BROOKLYN * NY	0.80
3/13	DEBIT CARD PURCHASE, *****45037774417, AUT 031313 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38 —

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STATEMENT OF ACCOUNT

ANTON C PURISIMA  
300 BLOOMFIELD ST  
HOBOKEN NJ 07030

Page: 1 of 4  
Statement Period: Feb 18 2013-Mar 17 2013  
Cust Ref #: 4268713067-622-7-###  
Primary Account #: 426-8713067

CONVENIENCE IS A CLICK AWAY.  
GET MORE SECURITY, MORE ACCESS TO YOUR STATEMENTS AND LESS CLUTTER WHEN YOU CLICK TO "GO PAPERLESS." NOW YOU CAN VIEW ALL OF YOUR STATEMENTS ISSUED ON OR AFTER APRIL 2010 FROM YOUR ONLINE BANKING ACCOUNT. REVIEW AND SAVE THESE STATEMENTS ANYTIME AND GET E-MAIL ALERTS WHEN YOUR NEW STATEMENT IS POSTED. TO LEARN MORE, VISIT [WWW.TDBANK.COM/GO-ONLINE](http://WWW.TDBANK.COM/GO-ONLINE)

TD Simple Checking  
ANTON C PURISIMA

Account # 426-8713067

**ACCOUNT SUMMARY**

Beginning Balance	Average Collected Balance	
Deposits	Annual Percentage Yield Earned	0.00%
	Days in Period	28
Electronic Payments		
Other Withdrawals		
Service Charges		
Ending Balance		

**DAILY ACCOUNT ACTIVITY**

Deposits POSTING DATE	DESCRIPTION	AMOUNT
2/25	DEPOSIT	
2/26	DEPOSIT	
3/11	DEPOSIT	

Subtotal:

**Electronic Payments**

POSTING DATE	DESCRIPTION	AMOUNT
2/19	DEBIT CARD PURCHASE, *****45037774417, AUT 021913 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	2.78
2/19	DEBIT CARD PURCHASE, *****45037774417, AUT 021913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	1.40
2/19	DEBIT CARD PURCHASE, *****45037774417, AUT 021913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	1.40
2/19	DEBIT CARD PURCHASE, *****45037774417, AUT 021913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	1.40
2/19	DEBIT POS, *****45037774417, AUT 021913 DDA PURCHASE USPS 3596280028 NEW YORK * NY	0.69
2/25		
2/25	DEBIT POS,	
2/25	DEBIT POS, *****	
2/25	DEBIT POS, *****	

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## STATEMENT OF ACCOUNT

ANTON C PURISIMA

Page: 3 of 4  
 Statement Period: Mar 18 2013-Apr 17 2013  
 Cust Ref #: 1268713067-622-7-###  
 Primary Account #: 426-8713067

## DAILY ACCOUNT ACTIVITY

## Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
4/1	DEBIT POS,	
4/1	DEBIT POS, *****45037774417, AUT 040113 DDA PURCHASE MI TIERRA 81 02 NO JACKSON HEIGH * NY	2.33
4/1	DEBIT CARD PURCHASE, *****45037774417, AUT 040113 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.28
4/1	DEBIT CARD PURCHASE, *****45037774417, AUT 040113 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	1.45
4/1	DEBIT POS, *****45037774417, AUT 040113 DDA PURCHASE CVS 02457 NEW YORK * NY	1.13
4/2	DEBIT POS, *****45037774417, AUT 040213 DDA PURCHASE BIG APPLE MEAT MARKET NEW YORK * NY	6.07
4/2	DEBIT CARD PURCHASE, *****45037774417, AUT 040213 VISA DDA PUR CVS PHARMACY 2457 Q03 NEW YORK * NY	4.12
4/3	DEBIT CARD PURCHASE, *****45037774417, AUT 040313 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
4/4	DEBIT CARD PURCHASE, *****45037774417, AUT 040413 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
	DEBIT POS,	
4/8	DEBIT CARD PURCHASE, *****45037774417, AUT 040813 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	2.07
4/8	DEBIT POS, *****45037774417, AUT 040813 DDA PURCHASE CVS 02457 NEW YORK * NY	1.13
4/10	DEBIT POS, *****45037774417, AUT 041013 DDA PURCHASE MTA VENDING MACHINES BROOKLYN * NY	2.50
4/10	DEBIT CARD PURCHASE, *****45037774417, AUT 041013 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
4/10	DEBIT CARD PURCHASE, *****45037774417, AUT 041013 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	2.16
4/11	DEBIT CARD PURCHASE, *****45037774417, AUT 041113 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38

Subtotal:

## Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT
3/21	DEBIT	

Subtotal:

## Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
4/17	MAINTENANCE FEE	3.99

Subtotal:

3.99

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## STATEMENT OF ACCOUNT

ANTON C PURISIMA

Page: 3 of 3  
Statement Period: Jun 18 2013-Jul 17 2013  
Cust Ref #: 4268713067-622-7-###  
Primary Account #: 426-8713067

## DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
6/17		7/12	
6/19		7/15	
7/10		7/17	

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STATEMENT OF ACCOUNT

ANTON C PURISIMA  
300 BLOOMFIELD ST  
HOBOKEN NJ 07030

Page: 1 of 3  
Statement Period: Jun 18 2013-Jul 17 2013  
Cust Ref #: 4268713067-622-7-###  
Primary Account #: 426-8713067

TD Simple Checking  
ANTON C PURISIMA

Account # 426-8713067

**BETTER BILL PAY IS HERE!**

PAYING BILLS IS NOW EASIER AND MORE CONVENIENT WITH OUR NEW BILL PAY FEATURES. AND, IT'S STILL FREE! ENJOY MORE CONTROL AND FLEXIBILITY OVER PAYMENT DATES. MAKE NEXT-DAY PAYMENTS UP UNTIL 9:59PM (ET) AND GET E-BILLS POSTED RIGHT IN YOUR BILL PAY ACCOUNT. LOGIN OR SIGN UP TODAY AT [WWW.TDBANK.COM/BILLPAY](http://WWW.TDBANK.COM/BILLPAY).

**ACCOUNT SUMMARY**

Beginning Balance	2.24	Average Collected Balance	3.51
Deposits	20.00	Annual Percentage Yield Earned	0.00%
		Days in Period	30
Electronic Payments	14.72		
Service Charges	5.99		
Ending Balance	1.53		

**DAILY ACCOUNT ACTIVITY**

Deposits POSTING DATE	DESCRIPTION	AMOUNT
7/10	DEPOSIT	
	Subtotal:	

**Electronic Payments**

POSTING DATE	DESCRIPTION	AMOUNT
6/19	DEBIT CARD PURCHASE, *****45059885364, AUT 061913 VISA DDA PUR LAGUARDIAAUBONPAIN722A NEW YORK * NY	2.38
	DEBIT POS,	
	DEBIT POS,	
7/12	DEBIT POS, *****45059885364, AUT 071213 DDA PURCHASE USPS 3508780354 BROOKLYN * NY	0.20
7/15	DEBIT CARD PURCHASE, *****45059885364, AUT 071513 VISA DDA PUR KFC 636 BROOKLYN * NY	3.58
7/15	DEBIT CARD PURCHASE, *****45059885364, AUT 071513 VISA DDA PUR JACKS 99 32ND STREET NEW YORK * NY	3.56
	Subtotal:	

**Service Charges**

POSTING DATE	DESCRIPTION	AMOUNT
7/17	MAINTENANCE FEE	5.99
	Subtotal:	5.99

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## EXHIBIT "TEN"

ACP ✓  
\* The same day treatment to Plaintiff's  
Dog - Bite wound, after he was bitten  
by that Dog - infected with rabies, pursuant  
to information and belief, therefore, alleged  
herein by Plaintiff.

ST. LUKES, E. R.

10/09/2013, 21:40

\* Plaintiff incorporates this document to every  
page in this action and to support thereof.

ACP ✓

**St. Lukes Emergency Department**

1111 Amsterdam Avenue NY, NY 10025

212-523-3335

**Take-Home Instructions for the Patient**

**Patient's Name:** Purisima, Anton

**Date:** 10/09/13 22:08:54

**Medical Record Number:** 200004713603

**Date of Service:** 10/09/2013 21:36

**Diagnosis:**

**Emergency Attending Physician:** MD CHRISTOPHER REVERTE

**Emergency Resident Physician:**

**Emergency Physician's Assistant:**

**Emergency Primary Nurse:** SIOBHAN DUFFY GIRA, RN

**Primary Care Provider:** \* YOUR PRIVATE PHYSICIAN/CLINIC - PMD

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit. For patients receiving imaging studies, (e.g. x-rays), please be advised that all study interpretations are preliminary and are followed by a review and final report. If there is a significant change in interpretation you will be notified.

---

**Referral/Appointment:**

**Refer Patient To::** \* Fast Track (no appointment necessary)

**PMD/Clinic not in list:** PMD

**Phone Number:** DO NOT CALL

**Follow-up in:** 3 days

Call to arrange an appointment *immediately*, to ensure you get an appointment for follow-up care within the indicated time frame. If for any reason the doctor you have been referred to cannot see you for a follow-up appointment, you can obtain additional referrals at 1-877-463-6362.

When you call for an appointment, say that you were referred from this Emergency Department.

If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

---

**PLEASE TAKE THIS WITH YOU WHEN YOU SEE DOCTOR LISTED ABOVE**

\*\*\*\*\*

If you smoke, you are encouraged to quit in order to live longer, feel better, and heal faster. Quitting will lower your chance of heart attack, stroke, or cancer. The people you live with, especially children, will be healthier. Please contact the following numbers for additional information:

At St. Luke's: (212) 523-4410

At Roosevelt: (212) 523-6056

\*\*\*\*\*

**FINANCIAL ASSISTANCE**

**If you are uninsured and unable to pay your hospital bill, you may qualify for Financial**

**St. Lukes Emergency Department**

1111 Amsterdam Avenue NY, NY 10025

212-523-3335

\*\*\*\*\*  
Return to ER for completion of rabies vaccine in 3 days, 7 days and 14 days from now;  
\*\*\*\*\*

**NEURO ANTIVERT:**

You have been given a prescription for a medication called meclizine (Antivert).

- This medication is used to treat dizziness and vertigo.
  - Take this medication as directed.
  - DO NOT drink alcoholic beverages while taking this medicine.
  - If you become dizzy, sit or lie down at the first signs. You should be careful going up and down stairs.
  - DO NOT take it if you are pregnant or planning to get pregnant.
  - Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.
- You have been given a medication, or a prescription for a medication, that causes drowsiness or lightheadedness. DO NOT drive a car, operate machinery, or perform jobs that require you to be alert until you know how you are going to react to this medicine.

THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete): Ask your pharmacist for additional information and precautions for this medication.